

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
2	1						51						
3	1						52						
4	3						53						
5	0						54						
6	0						55						
7	0						56						
8	0						57						
9	0						58						
10	0						59						
11	0						60						
12	0						61						
13	0						62						
14	0						63						
15	0						64						
16	1						65						
17	1						66						
18	2						67						
19	2						68						
20	0						69						
21	0						70						
22	0						71						
23	0						72						
24	0						73						
25	0						74						
26	0						75						
27	1						76						
28	1						77						
29	0						78						
30	0						79						
31	0						80						
32	0						81						
33	0						82						
34	0						83						
35	0						84						
36							85						
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42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	2						100						
TOTAL DEP.	36	↓		↓		↓	TOTAL IND.						
TOTAL CLAIMS	39	↓		↓		↓	TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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